FEE TRANSMITTAL for FY 2007		Complete if Known			
		Application Number	pplication Number 10/030,532		
		Filing Date	05/20/2002		
		First Named Inventor	Rolf Hartung		
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	James W Kennan		
		Art Unit	3652		
TOTAL AMOUNT OF PAYMENT (\$) 810		Attorney Docket No. 066340.0140			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
□ Creak □ Credit card □ Money □ Other □ None □ Deposit Account: □ Deposit Account: □ Deposit Account: □ Deposit Account: □ Baker Botts L.L.P. □ Deposit Account: □ Baker Botts L.L.P. □ Deposit Account: □ Charge fee(s) indicated below □ Credit any overpayments □ Charge fee(s) indicated below □ Credit any overpayments □ Charge fee(s) indicated below □ Credit any overpayments □ Charge free(s) indicated below □ Credit any overpayments □ Charge fee(s) indicated below □ Credit any overpayments □ Charge fee(s) indicated below □ Credit any overpayments □ Charge free(s) indicated below □ Credit any overpayments □ Charge free(s) indicated below □ Credit any overpayments □ Charge free(s) indicated below □ Credit any overpayments □ Charge any additional fee(s) or any underpayment of fee(s) □ Charge any additional fee(s) or any underpayment of fee(s) □ Charge any additional fee(s) or any underpayment of fee(s) □ Charge free(s) indicated below □ Credit any overpayments □ Credit any overpayment of fee(s) □ Credit any overpayment o		Surcharge - late or Non-English Speci Extension for reply Notice of Appeal Filing a brief in sup Petition to revive - Petition to revive - Utility Issue Fee Design Issue Fee Publication Fee Petitions to the Co Request for Contin Information Disclos	dication within	first month second month third month fourth month fifth month an appeal dable tional	\$810
Multiple dependent claim, if not paid 370 185	Oth	ner fee -			
			,	SUBTOTAL (\$	) \$810
SUBMITTED BY				(Complete (if applicable	9))
Name (Print/Type) Jack L. Chen		Registration No. 48,63	34	Telephone 212-4	408-2500

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

/Jack L. Chen/

Signature

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the routile which is to file (and by the USPTO depressed) an application. Conformation by some of the ST 2.2 and 37 CFR 1.14. This collection is estimated to two immutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time upon varyarior to complete this form androis aggregations for enducing this burdent, should be sent to the Chief Information (FU, US Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1459, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.

05/27/2008

Date